

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460044	CONNECTICUT GOLF CLUB			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
915 BLACK ROCK TURNPIKE					1			
Towns Served: EASTON								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18	10/1-11/30	Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18	4/1-11/30	Complete
	1/1/19 - 12/31/19	4/1-11/30	
	1/1/20 - 12/31/20	4/1-11/30	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2017	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BS	BAR SINK	A	Y		Y	
		BSMTUTILITY	BASEMENT UTILITY SNK	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KSD	KIT SNK DOUBLE	A	Y		Y	
		RRLCR	RR LADY CHANGING RM	A	Y		Y	
		RRMCRSNK1	RR MENS CHG SNK 1	A	Y		Y	
		RRMCRSNK2	RR MENS CHG SNK 2	A	Y		Y	
		RRMCRSNK3	RR MENS CHG SNK 3	A	Y		Y	
		RRMCRSNK4	RR MENS CHG SNK 4	A	Y		Y	
		RRMCRSNK5	RR MENS CHG SNK 5	A	Y		Y	
		RRMCRSNK6	RR MENS CHG SNK 6	A	Y		Y	
		RROFFLEFT	RR OFFICE LEFT	A	Y		Y	
		RROFFRIGHT	RR OFFICE RIGHT	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0460044	CONNECTICUT GOLF CLUB			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
915 BLACK ROCK TURNPIKE		Connections		1			
Towns Served: EASTON							

Towns Served: EASTON

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
56928	WELL #2	2	WELL #2	A				
56930	STORAGE TANK #1							
56932	STORAGE TANK #2							

Contact Information

Name				Organization		Job Title			
Ms. Deborah Wallenta				Connecticut Golf Club					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
915 Black Rock Turnpike						Easton		CT	06612
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-261-2544						203-459-0367			

Contact Role(s): **Administrative Contact**

Name				Organization			Job Title		
Connecticut Golf Club									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
915 Black Rock Rd						Easton		CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Owner**

Name				Organization			Job Title		
Mr. Randall Johnson				Connecticut Golf Club			President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
412 Purdy Hill Rd						Monroe		CT	06468
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone		Email Address

Contact Role(s): **Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460074	GREISER GENERAL STORE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
299 CENTER ROAD					1			
Towns Served: EASTON								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BSMTUTILITY	BASEMENT UTILITY SNK	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		RRF1	RR 1ST FLOOR	A	Y		Y	
		RRF2N01	RR 2ND FLOOR NO 1	A	Y		Y	
		RRF2N02	RR 2ND FLOOR NO 2	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20854	WELL	2	WELL	A				
59342	TREATMENT PLANT							
59344	BLADDER TANKS							

Contact Information

Name			Organization			Job Title		
Mr. Richard Greiser								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
299 Center Road						Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-268-9554								

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460074	GREISER GENERAL STORE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
299 CENTER ROAD					1			
Towns Served: EASTON								
203-268-9551								
Contact Role(s):	Administrative Contact, Legal Contact, Owner							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460084	EASTON VILLAGE STORE			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
438 SPORT HILL ROAD			Connections		1			
Towns Served: EASTON								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Water System Facility: **ENTRY POINT - WELL 2 (WSF ID: 00701)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELL 2 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	1/3/2019	1/2/2019

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification Required</i>	<i>PN Certification Received</i>
			<i>Required</i>	<i>Performed</i>

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460084	EASTON VILLAGE STORE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
438 SPORT HILL ROAD					1			

Towns Served: EASTON

			Required	Performed	Due to DTH	Received
Distribution Color MCL Violation	10/1/11 - 12/31/11	2	3/22/2012		4/1/2012	
Distribution Color MCL Violation	7/1/11 - 9/30/11	2	3/22/2012		4/1/2012	
Distribution Color MCL Violation	4/1/11 - 6/30/11	2	3/22/2012		4/1/2012	
Distribution Color MCL Violation	1/1/11 - 3/31/11	2	3/22/2012		4/1/2012	
Distribution Turbidity MCL Violation	10/1/11 - 12/31/11	2	3/22/2012		4/1/2012	
Distribution Turbidity MCL Violation	7/1/11 - 9/30/11	2	3/22/2012		4/1/2012	
Distribution Turbidity MCL Violation	4/1/11 - 6/30/11	2	3/22/2012		4/1/2012	
Distribution Turbidity MCL Violation	1/1/11 - 3/31/11	2	3/22/2012		4/1/2012	
Distribution Color MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012	
Distribution Turbidity MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012	
Distribution Color MCL Violation	4/1/12 - 6/30/12	2	9/8/2012		9/18/2012	
Distribution Turbidity MCL Violation	4/1/12 - 6/30/12	2	9/8/2012		9/18/2012	
Distribution Turbidity MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013	
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KSD	KIT SNK DOUBLE	A	Y		Y	
		KSHS1	KIT HAND SNK 1	A	Y		Y	
		KSHS2	KIT HAND SNK 2	A	Y		Y	
		KSHS3	KIT HAND SNK 3	A	Y		Y	
		KSHS4	KIT HAND SNK 4	A	Y		Y	
		KSTS	KIT SNK TRPL SNK	A	Y		Y	
		RRLR	RR LADY ROOM	A	Y		Y	
		RRMR	RR MENS RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELL 2	3	EP - WELL 2	A				
58619	WELL 2	2	WELL 2	A				
58622	TREATMENT PLANT							
58624	BLADDER TANK							

Contact Information

Name				Organization				Job Title		
Dr. Marsel Huribal								Owner		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
440 Sport Hill Road							Easton		CT	06612
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
203-268-5618			203-445-2810				203-257-9171	mhuribal@aol.com		
Contact Role(s):		Administrative Contact, Owner								

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0460084	EASTON VILLAGE STORE	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
438 SPORT HILL ROAD			1		
Towns Served: EASTON					
Name		Organization		Job Title	
Easton Village Center LLC Qc/Cov					
Mailing Address Line One		Mailing Address Line Two		City	State
438 Sport Hill Rd				Easton	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460104	OLDE BLUE BIRD INN			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
357 BLACKROCK TURNPIKE (ROUTE 58)					1			

Towns Served: EASTON

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Physical Parameters (PPS)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate (1040)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Nitrite (1041)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460104	OLDE BLUE BIRD INN			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
357 BLACKROCK TURNPIKE (ROUTE 58)					1			

Towns Served: EASTON

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete

Water System Facility: WELL (WSF ID: 20857)

E. Coli (3014)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR)	12/22/17 - 4/13/18	3	5/6/2018		5/16/2018	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/22/17 - 4/13/18	2	5/6/2018		5/16/2018	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		HSFRONT	HAND SINK FRONT	A	Y		Y	
		KSTS	KIT SNK TRPL SNK	A	Y		Y	
		KSUTS	KIT SNK UTILITY SNK	A	Y		Y	
		RRLR	RR LADY ROOM	A	Y		Y	
		RRMR	RR MENS RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20857	WELL	2	WELL	A				
55069	BLADDER TANK							
55071	TREATMENT PLANT							

Contact Information

Name				Organization			Job Title		
Mr. Martin Wieser				Bluebird Properties Inc, LLC			Property Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
357 Blackrock Turnpike						Easton		CT	06612
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-268-2049			203-459-1502			860-339-2976	mwieser2049@yahoo.com		
Contact Role(s):		Administrative Contact, Owner							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0460104	OLDE BLUE BIRD INN	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
357 BLACKROCK TURNPIKE (ROUTE 58)			1		
Towns Served: EASTON					
Name		Organization		Job Title	
Bluebird Properties LLC					
Mailing Address Line One		Mailing Address Line Two		City	State
357 Black Rock Road				Easton	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460134	LION HILL FARM			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1020 SPORT HILL ROAD							2	
Towns Served: EASTON								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		
	12/1/18 - 12/31/18		
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Physical Parameters (PPS)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		
	12/1/18 - 12/31/18		
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate (1040)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Nitrite (1041)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0460134	LION HILL FARM			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1020 SPORT HILL ROAD						2	

Towns Served: EASTON

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	10/4/2013	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	1/2/2014	
L1 ASSESSMENT (MULTIPLE TC+)	12/1/2016	
L1 ASSESSMENT (MULTIPLE TC+)	8/15/2018	
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)	9/29/2018	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/2/16 -	2	7/22/2017		8/1/2017	
E. Coli M&R Violation	8/18/16 - 8/23/16	3	2/17/2018		2/27/2018	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	8/16/18 -	2	9/16/2018		9/26/2018	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/30/18 -	2	1/9/2019		1/19/2019	
Total Coliform M&R Violation	10/1/18 - 10/31/18	3	12/28/2019		1/7/2020	
E. Coli M&R Violation	8/30/18 - 9/5/18	3	12/28/2019		1/7/2020	
E. Coli M&R Violation	7/17/18 - 7/22/18	3	12/28/2019		1/7/2020	
Physical Parameters M&R Violation	12/1/18 - 12/31/18	3	3/14/2020		3/24/2020	
Physical Parameters M&R Violation	11/1/18 - 11/30/18	3	3/14/2020		3/24/2020	
Physical Parameters M&R Violation	10/1/18 - 10/31/18	3	3/14/2020		3/24/2020	
Total Coliform M&R Violation	12/1/18 - 12/31/18	3	3/14/2020		3/24/2020	
Total Coliform M&R Violation	11/1/18 - 11/30/18	3	3/14/2020		3/24/2020	
Nitrate M&R Violation	10/1/18 - 12/31/18	3	3/14/2020		3/24/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KSAPT1	KIT SNK APARTMENT 1	A	Y		Y	
		KSAPT2	KIT SNK APARTMENT 2	A	Y		Y	
		RRAPT1	RR APARTMENT 1	A	Y		Y	
		RRAPT2	RR APARTMENT 2	A	Y		Y	
		RRBARN	RR BARN	A	Y		Y	
		RREQUINE	RR EQUINE FACILITY	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		USBARN	UTILITY SINK BARN	A	Y		Y	
00700	ENTRY POINT	3	ENTRY POINT	A				
23021	WELL 1	2	WELL 1	A				
23022	WELL 2	2	WELL 2	A				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0460134	LION HILL FARM			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1020 SPORT HILL ROAD						2	
Towns Served: EASTON							

Contact Information

Name				Organization		Job Title			
Mr. Stephen Looney				Fair Hill Farm					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1060 Sport Hill Road						Easton		CT	06612
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-994-6411					203-994-6411	steve@stl-construction.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner									

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460154	EASTON RACQUET CLUB			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
36 WIMBLEDON LANE					2			
Towns Served: EASTON								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT- CLUB HOUSE (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT- CLUB HOUSE (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility: **ENTRY POINT- POOL HOUSE (WSF ID: 00701)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT- POOL HOUSE (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BS	BAR SINK	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KSF2	KIT SNK 2ND FLOOR	A	Y		Y	
		RRLRF1L	RR LADY ROOM 1F L	A	Y		Y	
		RRLRF1R	RR LADY ROOM 1F R	A	Y		Y	
		RRMRF1L	RR MENS RM 1F L	A	Y		Y	
		RRMRF1R	RR MENS RM 1F R	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT- CLUB HOUSE	3	ENTRY POINT- CLUB HO	A				
00701	ENTRY POINT- POOL HOUSE	3	ENTRY POINT- POOL HO	A				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460154	EASTON RACQUET CLUB			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
36 WIMBLEDON LANE					2			
Towns Served: EASTON								

Water System Facility and Sampling Point Inventory

<i>Water System</i> Facility ID	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
55903	WELL 1	2	WELL	A				
57098	WELL 2	2	WELL 2	A				
57153	TREATMENT PLANT #1							
57155	TREATMENT PLANT #2							

Contact Information

Name		Organization			Job Title		
Dr. Keith Rudolph		Easton Racquet Club			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
116 Crest Terrace					Fairfield	CT	06825
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-254-9533		203-254-9511		203-371-8512	krudolph@optonline.net		

Contact Role(s): **Administrative Contact, Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0460164	ST. DIMITRIE ROMANIAN ORTHODOX CHURCH			NC	200	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
500 SPORT HILL ROAD				1			
Towns Served: EASTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
56178	WELL 1	2	WELL 1	A				
56182	PRESSURE TANK							
59398	TREATMENT PLANT							

Contact Information

Name		Organization			Job Title		
Mr. Sutiri Giavara		St. Dimitrie Church			Representative		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
504 Sport Hill Road					Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-268-8237		203-814-2848		203-261-1149	sutiri@sbcglobal.net		

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0460164	ST. DIMITRIE ROMANIAN ORTHODOX CHURCH			NC	200	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
500 SPORT HILL ROAD				1			
Towns Served: EASTON							

Towns Served: EASTON

Contact Role(s): **Administrative Contact, Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460174	SILVERMAN'S FARM			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
451 SPORT HILL ROAD			Connections		1			
Towns Served: EASTON								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate (1040) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Nitrite (1041) **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GREENHOUSE	GREENHOUSE SINK	A	Y		Y	
		KS	KIT SNK	A	Y		Y	
		RR	V	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60278	WELL #2	2	WELL #2	A				

Contact Information

Name		Organization			Job Title		
Mr. Irving Silverman		Silverman's Farm					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
451 Sport Hill Road					Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203.261.3306		203.268.7589		203.218.4522	silvfarm@optonline.net		

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460174	SILVERMAN'S FARM			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
451 SPORT HILL ROAD					1			
Towns Served: EASTON								
203-261-3300		203-266-7383		203-218-4322		silvrfarm@optonline.net		
Contact Role(s): Administrative Contact, Legal Contact, Owner								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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